

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

10/088358

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	3	1				
5	3	1				
6	3	1				
7	3	1				
8	3	1				
9	3	1				
10	3	1				
11	3	1				
12	3	1				
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50						
TOTAL IND.	1	1				
TOTAL DEP.	17	1	1	1	1	1
TOTAL CLAIMS	18	1	1	1	1	1

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IND.	DEP.	IND.	DEP.	IND.
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52				
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				